

Heber Drug

1916



Visa Credit Card Application Ser

Important: Read These Directions Before Completing This Application. You may apply as one should apply as applicant and the other as co-applicant. If there is a co-applicant, both

Number of Cards Desired: Applicant

Applicant

NAME		PHONE NO.
ADDRESS		YEARS THERE
CITY	STATE	ZIP
BIRTHDATE	SOCIAL SECURITY NO.	
EMPLOYER		PHONE NO.
ADDRESS		
POSITION		YEARS THERE
GROSS MONTHLY INCOME		
OTHER INCOME		
Alimony, child support or separate maintenance income need not be revealed if you don't want to have it considered part of the basis for repaying this obligation.		
AMOUNT PER MONTH		TYPE

Account In

Deposits	Institution Name and Address
Bank	
Savings and Loan	
Credit Union	

Credit Accounts	Name and Address of Creditors

Current Residence ☐ Own

Name and Address of Landlord/Mortgage Holder

By your signature below you verify that the information given in this application is complete. If application is approved, you agree to be bound by all terms and conditions of the Customer Agreement and account(s). This application will be reviewed by First Security Bank.

X

APPLICANT'S SIGNATURE

DATE

Please State Your Preference Regarding

☐

Yes

Please accept my application for the Group Credit Insurance Program for my state. I understand enrollment is voluntary and I am free to cancel at any time.

PRINT NAME OF PRIMARY APPLICANT TO BE INSURED

BIRTHDATE

Our Group Credit Insurance Program will make your minimum monthly credit card charge waived if you become disabled or involuntarily unemployed for more than 30 days. In addition, this plan pays off your credit card balance if you die. Any cardholder under age 66 is eligible to apply. This coverage terminates when you reach age 66. The charge for this coverage is included in your ending monthly balance and this charge is included on your monthly credit card statement.

Those choosing to apply will be mailed a Certificate of Insurance upon acceptance by First Security Bank, Health & Life Co. of Omaha, National Indemnity Co. and/or Central States Indemnity Co., all



